Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31**, **2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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Standard Form 424 (Rev.9-2003)

Prescribed by OMB Circular A-102

Version 9/03

III. APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/12/08		Applicant Identifier S-07-UC-06-0507			
1. TYPE OF SUBMISSION: Application P	re-application	re-application 3. DATE RECEIVI			State Appl	State Application Identifier 95004804	
Construction	Construction Non-Construction	4. DATE RECEIV	ED BY FEDERAL AGENCY		Federal Ide	entifier	
5. APPLICANT INFORMATION							
Legal Name:			Organization	ial Unit:			
County of Ventura			Department:	County Execut	ive Office		
	6691122		Division: I	Regional Develo	ppment Divis	ion	
Address: Street:		-		lephone numb s application (ntacted on matters
800 South Victo	ria Avenue		Prefix:	First Na	ame: Christ	ty	
City: Ventura			Middle Name				
County: Ventura			Last Name		Madden		
State: CA	Zip Code 9	3009	Suffix:				
Country: USA			Email:		madden@ve	entura.org	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN): 95	i-6000944	Phone Num code) 805-654-2679	ber (give are		ax Numbe 05-654-510	r (give area code) 96
8. TYPE OF APPLICATION:						form for Ap	oplication Types)
If Revision, enter appropriate letter		Revision	Other (specify)	County		
(See back of form for description of Other (specify)	letters.)		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development				
12. CATALOG OF FEDERAL DO	OMESTIC ASSISTAN	ICE NUMBER:					
TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County FY 2008-09 Annual Plan- Emergency Shelter Program				
Emergency Shelter Program 12. AREAS AFFECTED BY PRO	14.231	og Staton atal:					
Ventura County, Fillmore, Moorpai			Lillergen	cy direiter i rog	iam		
13. PROPOSED PROJECT		·	14. CONGRE	SSIONAL DIST	RICTS OF:		
Start Date: 7/1/08	Ending Date:	6/30/09		23 rd and 24 th		Project	23 rd and 24 th
15. ESTIMATED FUNDING:		_	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. Federal	\$ 89,1	29 .	a. Yes.				PLICATION WAS MADE
b. Applicant		\$		LABLE TO THE REVIEW ON	STATE EX	ECUTIVE	ORDER 12372 PROCESS
c. State		\$.		5/12/2008			
d. Local (Match)	\$ 89,1		b No. PROG	RAM IS NOT C	OVERED B	Y E. O. 12	372
e. Other (ADDI)		\$.	OR PR	OGRAM HAS N	NOT BEEN S	SELECTE	BY STATE FOR REVIEW
f. Program Income		\$.	17. IS THE A	PPLICANT DEL	INQUENT	ON ANY F	EDERAL DEBT?
g. TOTAL	\$ 178,2	58 .	Yes If "Yes"	attach an expla	nation.		X No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	UTHORIZED BY TH	HE GOVERNING BO	THIS APPLIC	ATION/PREAP	PLICATION	ARE TRU	JE AND CORRECT. THE WILL COMPLY WITH THE
a. Authorized Representative							
Prefix	First Name	Marty		Middle Name			
Last Name Robinson	_			Suffix			
b. Title County Executive	Officer		c. Telephone Number (give area code) 805-654-2681			de) 805-654-2681	
Email: marty.robinson@v	rentura.org	1 0 1		Fax:		805-65	54-5106
d. Signature of Authorized Represe	ental M	orteRobin	15er	e. Date Signe	d 5/	9/08	
Previous Edition Usable Standard Form 424 (Rev.9-2003) AuthorizedforLocalReproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102							

Fax Number: 530-752-4717

Phone Number: 530-752-1283

OMB Number: 4040-0001

* Email: |wiko@ucdavis.adu

Expiration Date: 04/30/2008

Page 2

SF 424	(R&R) APPLI	ION FOR FEI	ERAL ASSIST	ANCE		Page 2
	16. ESTIMATED PROJECT FUNDING			17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. * Total Estimate	ed Project Funding	77,000.00	a. `	YES / THIS PREAPPLIC AVAILABLE TO 1 PROCESS FOR	CATION/APPLICATION WAS THE STATE EXECUTIVE ORI	MADE DER 12372
b, Total Federal	o, Total Federal & Non-Federal Funds 77,000.00				REVIEW ON.	
c. * Estimated Pro	c. FEstimated Program Income 0.00			ATE: 05/16/2008		
			b. 1	NO DE PROGRAM IS NO	OT COVERED BY E.O. 12372	2; OR
				PROGRAM HAS	NOT BEEN SELECTED BY	STATE FOR
eriminal, ch	/II, or administrati∨e ☑ * I agree	penalties. (U.S. Co	de, Ťítle 18, Sec	tion 1001)	ments or claims may subje	
19. Authorized	Representative	M	idle Name:	* l n.	st Name:	Suffix:
y	nadine]:	iole Name.	Smit	***************************************	- Julia
Position/Title:	Contract and Grants C	Officer	* Organization:	The Regents of the Univer	sity of California	
Department:	Office of Research		Division:	Sponsored Programs		
* Street1:	1850 Research Drive		Street2:	Suite 300	an / 144 /1	
* City: Davis		County	Yolo		* State: CA; Califon	
Province:		- Co	untry: "NITED	S7 ZIP / Postal Code:	95618	
* Phone Number	530-747-3908	Fax N	umber: 530-747-	3929	Email; bersmith@ucdavis.e.	đu
	Signature of Author	ized Representativ	' e		* Date Signed	
	Completed on submis	saion to Grants.gov		Comple	ted on submission to Grants.	gov
20. Pre-applica	tion			V. C.	achacar Delete Athebere	at New Attachment to
21. Attach an a	dditional list of Proje	ct Congressional C	Istricts if needs	d,		
		Feel Antiquiil	ne Destroy Alle	eth read Freet Attrolopen)		

OMB Number; 4040-0001

Expiration Date: 04/30/2008

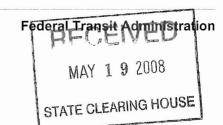
APPLI CATION FOR						
FEDERAL ASSISTANC	E	2. DATE SUBMITTED	/31/08	Applicant Ident	Mer	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier		
Construction	Construction	4. DATE RECEIVED E	Y FEDERAL AGENCY	Federal identifier		
Non-Construction	Non-Construction			J		
5. APPLICANT INFORMATION Legal Name:	N		Organizational Unit:			
			Department:			
COUNTY OF SAN DIEGO Organizational DUNS:			Division;	PUBLIC WORKS	<u> </u>	
00-9581	646		AIRPORTS			
Address: Streel:			Name and telephone involving this application	number of per	son to be contacted on matters	
			Prefix;	First Name:	RECENTER	
1960 JOE CROSSON DR.			Middle Name	PE	TER TOLIVE	
EL CAJON			Middle Marile		MAY 1 6 2000	
County: SAN DIEGO			Last Name DRINKWA	ATER	1 0 2000	
State: CA	Zip Code		Suffix:		STATE CLEARING HOU	
Country:	92020		Emall:		TOUR HOU	
USA	A. M. H. H. H. J		Peter.Orlni	kwater@sdcount		
G. EMPLOYER IDENTIFICATION			Phone Number (give a	, 1	Fax Number (give area code)	
95-6000934	1		(619) 956-4800	1	(619) 956-4801	
B. TYPE OF APPLICATION:	100		7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)	
Ne f Revision, enter appropriate let		n 🛚 Revision	B		•	
See back of form for description	n of letters.)		Other (specify)			
Other (specify)	1		9 NAME OF FEDER	9. NAME OF FEDERAL AGENCY:		
			FEDERAL AVIATION ADMINISTRATION			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:						
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE TI			
	DOMESTIC ASSISTANC	2 0 -1 0 6	GILLESPIE FIELD -	Rehabilitate Run	ANT'S PROJECT: way, Apron, Translent Ramps	
TITLE (Name of Program)		20-106		Rehabilitate Run		
TITLE (Name of Program)	VEMENT PROGRAM (AII	20-106 P)	GILLESPIE FIELD -	Rehabilitate Run		
TITLE (Name of Program): AIRPORTS IMPROV	VEMENT PROGRAM (AII ROJECT (Cities, Counties	20-106 P)	GILLESPIE FIELD -	Rehabilitate Run		
TITLE (Name of Program): AIRPORTS IMPROVIZ. AREAS AFFECTED BY PR San Diego County, El Cajon, C	VEMENT PROGRAM (All ROJECT (Oities, Counties	20-106 P)	GILLESPIE FIELD -	Rehabilitate Run vays (RSAT)	way, Apron, Translent Ramps	
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DOT



FTA

U.S. Department of Transportation



Application

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0092
Budget Number:	1 - Budget Pending Approval
Project Information:	Preventive Maintenance

Part 1: Recipient Information

Project Number:	CA-04-0092
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project	\$267,000,000	
Project Number:	CA-04-0092	Cost:		
Project Description:	Preventive Maintenance	Adjustment Amt:	\$0	
Recipient Type:	Transit Authority	Total Eligible Cost:	\$267,000,000	
FTA Project Mgr:	Ray Tellis - 213.202.3956	Total FTA Amt:	\$213,600,000	
Recipient Contact:	Gladys Lowe - 213.922.2459	Total State Amt:	\$0	
New/Amendment:	None Specified	Total Local Amt:	\$53,400,000	
Amend Reason:	Initial Application	Other Federal Amt:	\$0	
og virgingan omgagyongabonga pakatik, ka	The control of the first control and the supplementation of the description of the supplemental department of the supplement	Special Cond Amt:	\$0	
Fed Dom Asst. #:	20500	γ E		
Sec. of Statute:	5309-2	Special Condition:	None Specified	
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified	
Start/End Date:	Jul. 01, 2008 - Dec. 31, 2009	S.C. Eff. Date:	None Specified	
Recvd. By State:		Est. Oblig Date:	None Specified	
	Medical	as presented to the control of the c	and the second s	

EO 12372 Rev:	YES
Review Date:	May. 19, 2008
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 30, 2008
Program Page:	11
Application Type:	Electronic
er er ofter er skaat (die gegenere vijde in dit hindstreid van dit die gebiede verdeel van de verde van die de	erig 4 - u. v. u. da. v. u. u. date 4 - 1944 - date 2010 v. v. 1940 - 1940 - 1940 - 1940 - 1940 - 1940 - 1940 -
Supp. Agreement?:	No
Debt. Delinq. Details:	Tokus de una disentir i la ser una actività polici dell'antir i del remanda di didicione di diaggi el como

Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Laura Richardson
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

Project Details

The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits grant application CA-04-0092 requesting \$213,600,000 in FY07 Section 5309 Bus and Bus-Related Capital funds.

These funds are being requested for preventive maintenance activities for revenue vehicles and related bus operations preventive maintenance.

Formed in 1993, Metro serves as the transportation planner, coordinator, designer, builder and regional public transportation operator for Los Angeles county, California. More than 9 million people, nearly one-third of California's residents, live within Metro's service area. Metro fixed-route transit service is provided with 161 directly operated bus routes, 24 contractor-operated bus routes, 2 heavy rail lines, and 3 light rail lines with 11 bus divisions and 4 rail divisions. In all, Metro has 17 operating divisions, 65 rail stations, 9 support locations, 7 customer service centers, 4 transit terminals, and 28 park-and-ride facilities. Metro bus system provides service to 1.2 million passengers daily. The entire fleet is wheelchair accessible and over 80% of the fleet is powered by compressed natural gas (CNG). Metro's rail system provides service to over 225,000 passengers daily.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Funds requested in this application are included in the Transportation Improvement Program approved by the FTA and FHWA.

Transportation Development Act (TDA), State Transit Assistance (STA), and/or Prop. C 40% Discretionary funds will be used to match the federal funds. These funds are in the approved Metro Annual Budget.

The required FTA FY2008 Certifications and Assurances have been electronically filed in TEAM on November 28, 2007.

There are no pending Civil Rights issues affecting this grant application.

For information regarding the labor union list, please refer to the labor union section under our recipient profile in TEAM.

All DOL checklist items have been addressed within this application.

OTHER TRANSIT PROVIDERS

The following municipal operators/transit providers also operate fixed-route public transit service within the Metro's general service area:

City of Commerce Transit
Culver City Municipal Transit
Foothill Transit
Gardena Transit
La Mirada Transit
Long Beach Municipal Transit
Los Angeles DOT
Montebello Municipal Transit
Norwalk Transit
Santa Monica Big Blue Bus
Torrance Transit

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE	a i ilipo il i empi i i ini i i i i i i i i i i i i i i i	=1600 file and (e) always file file (file access file file file file file file file file	kan kan ni distra han didik dadik dapat mendalansi diberani madihada dan didirik menani memenenan had
117-00 OTHER CAPITAL ITEMS (BUS)	0	\$213,600,000.00	\$267,000,000.00
ACTIVITY	in margine strate for the description of the restaurable of profession and the	Or Aggs 49 Sources	
11.7A.00 LA963543 PREVENTIVE MAINTENANCE	O grant to the contract of the	\$213,600,000.00	\$267,000,000.00
	Estimated T	otal Eligible Cost:	\$267,000,000.00
		Federal Share:	\$213,600,000.00
		Local Share:	\$53,400,000.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

Extended Budget Descriptions

11.7A.00	LA963543 PREVENTIVE MAINTENANCE	0	\$213,600,000.00	\$267,000,000.00
44 74 00	LACCOCAC DDEVENTIVE MAINTENIANIOE	0	#040 000 000 00	#007 000 000 00
100 Specified in the Control of C	Section of the Company of the Compan	The additional or and official engine resident and the profession	terber in the college and the medical and transfer and the college of the college	and provided a provided representation of the responsibility of public of the exemptation of the statistical and the statistical statistics.

This line item will be used to fund preventive maintenance activities for Metro fiscal year 2009, from July 1, 2008 through June 30, 2009; and a portion of fiscal year 2010, from July 1, 2009 through June 30, 2010.

These funds will fund vehicle and non-vehicle maintenance activities. This will include replacement of engines, bus painting, body repair, rebuilding parts, wheelchair maintenance, seats replacement, window guard replacement, fare collection and counting maintenance, graffiti removal and various routine preventive maintenance activities.

The federal funds will be matched with TDA Article 4, STA, and Prop C 40% Discretionary funds.

Part 4. Milestones

11.7A.00 LA963543 PREVENTIVE MAINTENANCE 0 \$213,600,000 \$267,000,000

TO ANY AND WIND WITH ARREST	Milestone Description	Est. Comp. Date
	1. Start Date	Jul. 01, 2008
Telephone	2. End Date	Dec. 31, 2009

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTE	ED	Ap	plicant Identifier	
SF 424 (R&R)	3. DATE RECEIVED	BY STATE	Sta	te Application Identifier	
1. TYPE OF SUBMISSION	1				
Pre-application Application Changed/Corrected Application	4. Federal Identifier DE-FC02-07ER5	r 4918-Supplemental	•		
5. APPLICANT INFORMATION				* Organization	al DUNS:092530369
* Legal Name: Regents of the University of California	, Los Angeles				
Department:	Division:				
* Street1: Office of Contract and Grant Administration	Street2; 11000 Kinro	ss Avenue, Suite 102			
* City: Los Angeles	County: Los Angeles	;	* \$la	te: CA: California	
Province:	* Country: USA; UNI	TED STATES	- ZIP	/ Postal Code: 90095	
Person to be contacted on matters involving this app	lication				
Prefix: * First Name:	Middle Na	ime:	" Last Name:		Suffix:
Ms. Kristln			Lund		
* Phone Number: 310-794-0171	Fax Number: 310-94	3-1656	Ema	il; klund@resadmin,u¢la.edu	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) 956006143	or (TIN):	7. TYPE OF APPL H: Public/State C		ion of Higher Education	
8. * TYPE OF APPLICATION: New		Other (Specify):			
O Resubmission O Renewal O Continuation	n O Revision	○ Women Owned		ness Organization Type O Socially and Economic	tally Disadvantaged
If Revision, mark appropriate box(es).		9. NAME OF FED	ERAL AGENCY		
A. Increase Award D. B. Decrease Award D.	C. Increase Duration	DOE			
O. D. Decrease Duration O. E. Other (specify):		81.049	FEDERAL DOM	ESTIC ASSISTANCE NUMB	ER:
Is this application being submitted to other agencies What other Agencies?	? O Yes ● No			Renewal and Supplemental a ive Agreement	Applications for Of-
11. DESCRIPTIVE TITLE OF APPLICANT'S PRO-	IECT:	<u> </u>	<u> </u>		
Basic Plasma Science Facility Upgrade 12. * AREAS AFFECTED BY PROJECT (cities, cour.	-424-44-1				
Los Angeles, CA	nues, states, etc.)				
13. PROPOSED PROJECT:		14, CONGRESSION	AL DISTRICTS	OF:	
* Start Date * Ending Date		a. " Applicant		b. * Project	
01/01/2008 12/31/2008		CA-030		CA-030	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT	FOR CONTACT INFO	RMATION			
Prefix: * First Name:	Middle Na	me:	* Last Name:		Suffix:
Dr. Walter			Gekelman		•
Position/Title: Professor	 Organization Name: 	: Regents of the Unive	ersity of California	a, Los Angeles	
Department: Physics and Astronomy	Division;				
* Street1: BOX 951547	Street2: 1000 Veteral	n Ave, Rm 15-70			
* City: Los Angeles	County: Los Angeles		" Sta	te: CA: California	
Province:	" Country: USA: UNIT	TED STATES		/ Postal Code: 5-1696	
* Phone Number: 310-206-6904	Fax Number: 310-206	6-1772	• Em	ail: gekelman@physics.ucla.e	edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		* IS APPLICATION SUCCESS?	JBJECT TO REVIEW BY STATE EXECU	ITIVE ORDER 12372 PRO-
b. * Total Federal & Non-Federal Funds \$1 c. * Estimated Program Income \$0 18. By signing this application, I certify (*and accurate to the best of my knowle	5,000.00 5,000.00 0.00 b. h	THIS PRESTATE EDUCATE: 05/20/2008 NO PROGRA PROGRA tained in the list of carequired assurances	EAPPLICATION/APPLICATION WAS MAXECUTIVE ORDER 12372 PROCESS FOR MIS NOT COVERED BY E.O. 12372; OF MIS NOT BEEN SELECTED BY STATISTICATIONS* and (2) that the statement and agree to comply with any resulting subject me to criminal, civil, or adminal.	OR REVIEW ON: TE FOR REVIEW The therein are true, complete the terms If I accept an
"The list of certifications and assurances, or an intern	net sile where you may obtein this	list, is contained in the ennoun	cement or agency specific instructions.	
19. Authorized Representative Prefix: * First Name:	Midd	fle Name:	* Last Name:	Suffix:
Ms. Karen	D	io raino.	Marchant	4 11174
* Position/Title; Grant Analyst	* Organization I	Name: Regents of the I	University of California, Los Angeles	
Department: Office of Contracts and Grants		f Calif, Los Angeles	,,	
* Street1: Office of Contract and Grant Admi		Kinross Ave. Ste 102		
" City: Los Angeles	County: Los An		* State: CA: California	
Province:	•	: UNITED STATES	* ZIP / Postal Code: 9009	95
* Phone Number: 310-794-0171	Fax Number: 31	0-943-1656	* Email: ocga3@research	n.ucla.edu
* Signature of Authorize	d Representative		 Date Signed 	
Karen Marc	chant	***************************************		
				
20. Pre-application File Name: Mime Ty	pe:			
21. Attach an additional list of Project Co.	ngressional Districts if n	eeded.		
File Name: Mime Type:				

County: Los Angeles

* Country: JNITED ST

Fax Number: 310-208-1091

* City: Los Angeles

* Phone Number: 310-825-1673

Province:

OMB Number: 4040-0001 Expiration Date: 04/30/2008

State: CA: Californ

* Email: | doline@physics.ucla.edu

* ZIP / Postal Code: | 9009\$1547

SF 424 (H&H) APPLI	CATION FOR FE	DERAL	. ASSIST	TANCE					Page 2
16. ESTIMATED PROJECT FUNDING			17.	. IS APPLICA ORDER 1237			EVIEW BY	STATE EXEC	CUTIVE
a. * Total Estimated Project Funding	16,000.00		а.	a. YES THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE			PPLICATION EXECUT	N WAS MADE	<u>:</u> 2372
b. * Total Federal & Non-Federal Funds	16,000.00			PRO	CESS FOR F	REVIEW	N:	_	
c. * Estimated Program Income 0.00		-	<u> </u>	ATE: 05/20/20	08		4		
			b. 1	NO PRO	GRAM IS NO	T COVE	ED BY E.	O. 12372; OR	
				PROPREVI		NOT BEE	N SELECT	ED BY STATE	FOR
18. By signing this application, I certrue, complete and accurate to t resulting terms if I accept an aw criminal, civil, or administrative I agree *The list of certifications and assurances	he best of my kno ard. I am aware th penalties. (U.S. Co	wledge. iat any f ode, Title	I also pro alse, ficti a 18, Sect	ovide the requitious, or fraudition 1001)	ilred asaura dulent state	nces * a mente o(nd agree t claims m	o comply with ay aubject me	h any
	, or an internet site with	, , , , , , , , , , , , , , , , , , ,	y coloni in	is nei, la contame					
19. Authorized Representative Prefix: * First Name:	M	iddle Na	me:		· Las	Name:	:		Suffix:
Ms. Kristin					Lund				
Position/Title: Grant Analyst		• Orga	nization:	The Regents of	of the Univers	ity of Cal	tornia		
Department: Office of Contract & G	rant Adm	Divisio	n:	UCLA					
* Street1: 11000 Kinross Avenue	e, Suite 102	Street	2:						
* City: Los Angeles	Count	ty: Los	Angeles			* State:	CA: Cali	orı	
Province:	.c	ountry:	JNITED	ST * ZIP / F	Postal Code:	90095-1	406		
* Phone Number: 310-794-0171	Fax	Number:	310-794-	0631	E	mail: [k	und@resa	dmin.ucla.edu	
* Signature of Author	rized Representati	lve				1	e Signed		
Completed on submi	ssion to Grants.gov				Complete	ed on su	Inlasion to	Grants.gov	
20. Pre-application			· 		Add Atte	chment			
21. Attach an additional list of Proje	act Congressional	District	s if needs	od.					
	Add Attachm	nent		March : Training	AB 2 7 3				

 Prefix:
 * First Name:

 Middle Name:
 * Last Name

 Prof.
 David

 B.
 Cline

 Position/Title:
 Professor of Physics & Astronomy
 * Organization Name:
 The Regents of the University

Department:

Physics and Astronomy

Organization Name: The Regents of the University of California

Division: UCLA

* Street1: 475 Portola Plaza Street2: County: Los Angeles * State CA: Califori

Province: Solution Country: JNITED ST 2IP / Postal Code: 90095-1547

* Phone Number: 310-825-1673 Fax Number: 310-206-1091 * Email: dcline@physics.ucla.edu

SF 424 (H&H) APP	PLIC. ION FO	R FEDE	RAL ASSIS	TANCE				Page 2
16. ESTIMATED PROJECT FUNDI	NG		1	7. • IS APPLICATION ORDER 12372 PRO		T TO A	EVIEW BY STATE	EXECUTIVE
a. * Total Estimated Project Funding	42,000.00		а	YES 🗹 THIS PRE	APPLICAT	ION/AF	PPLICATION WAS I	MADE ER 12372
b. * Total Federal & Non-Federal Fun	ds 42,000.00			PROCESS	FOR RE	VIEW	N:	
c. * Estimated Program Income	0.00			DATE: 05/21/2008		,		
			b	NO PROGRAM	IS NOT	COVER	ED BY E O. 12372	; OR
				PROGRAM REVIEW	M HAS NO	T BE(E)	N SELECTED BY S	TATE FOR
18. By signing this application, I entrue, complete and accurate the resulting terms if I accept an criminal, civil, or administrati	o the best of my sward. I am awa	knowle fre that a	dge. I also p any false, fic	rovide the required titlous, or frauduler	assuranc	es * ån	d agree to compl	y with any
*The list of certifications and assurar	ces, or an internet s	ite where v	rou may obtain i	his list, is contained in th	e announce:	ment of p	ngency apacific instruc	tions.
19. Authorized Representative	·		-					Accordance to the second secon
Prefix: *First Name:		Middl	e Name:		· Last N	lame:		Sullix:
Ms. Kristin					Lund			
Position/Title: Grant Analyst		•	Organization	The Regents of the	University	of Ca (fornia	
Department: Office of Contract	& Grant Adm	D	ivision:	UCLA				
* Street1: 11000 Kinross Ave	nue, Suite 102	s	treet2:					
* City: Los Angeles		County:	Los Angeles		•	State	CA: Californ	
Province:		* Coun	itry: JNITE	ST * ZIP / Postal	Code: 9	0095-	106	
* Phone Number: 310-794-0171		Fax Num	ber: 310-79	4-0631	• Em	ail: [ki	und@resadmin.ucla	ı.edu
* Signature of Aut	horized Represe	entative				Det	e Signed	
_	omission to Grants			C	Completed	on sub	mission to Grants.g	ov
		· · · · · · · · · · · · · · · · · · ·						
20. Pre-application					Add Attack	ıment	1 1 2	
21. Attach an additional list of P	roject Congress	lonal Die	tricte if nee	ded.				
	Add At	techmeni	Fij rassa v	Christian of the Christian	[\\ .		

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Application for	Fodoral Accid			Version 02
				version oz
1. Type of Submis	sion:	2. Type of Application:	* If Revision, select appropriate letter(s):	RECEIVED
Preapplication Application		New Continuation	* Other (Specify)	
Changed/Correct	ed Application	Revision		MAY 2 1 2008
* 3. Date Received:		Applicant Identifier:		STATE CLEARING HOUSI
Completed by Grants.gov	upon submission.	N/A		OTTAL OLLAWING TOOO!
Sa. Federal Entity Id		1	* 5b. Foderal Award Identifier:	
N/A				
State Use Only:				
6. Date Received by	State	7. State Application	no Identifier	· · · · · · · · · · · · · · · · · · ·
8. APPLICANT INFO			The state of the s	
	ZAMATION:	,		
*a. Legal Name:		1111		,
* 5. Employer/Taxpay	er Identification N	umber (EIN/TIN):	* c. Organizational DUNS:	
68-0325102	·		80321891	· , ·
d. Address:				
* Street1:	1001 I Street			AAA
Street2:				
County:	Sacramento	A STATE OF THE STA	M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-	
* State:	California			
Province:	Camorria			
* Country:	USA	, , , , , , , , , , , , , , , , , , ,	d de la constant de l	
* Zip / Postal Code;	95814			
e. Organizational U	nit:			,
Department Name:		<u> </u>	Division Name:	
Department of Po	esticide Regula	ation		
			matters involving this application:	
Profix: Mr.		* First Nam	ne: David	A MARKET TO A MARK
Middle Name:				
* Last Name: McC:	≥rty			
Suffix:				
Titlo: Staff Servic	es Manager I			
Organizational Affiliati	on:			
	a.d.			
* Telephone Number:	(916) 323-499	95	Fax Number: (916) 445-4149	
	@cdpr.ca.gov	W-1,		A A A A A A A A A A A A A A A A A A A
	The state of the s			me, and

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Typo:	
State Agency]
Type of Applicant 2: Select Applicant Type:	•
] .
Type of Applicant 3: Select Applicant Type:	
N. Othor (appoints)	j
* Other (specify):	
*10, Name of Federal Agency: U.S. Envoronmental Protection Agency	
11. Catalog of Federal Domestic Assistance Numbor:	
CFDA Title:	
* 12. Funding Opportunity Number:	
* Title:	ı
·	
13. Competition Identification Number:	
N/A	
Title:	
14. Areas Affocted by Project (Cities, Countles, States, etc.):	
	ŀ
·	
* 15. Descriptive Title of Applicant's Project:	1
Consolidated Cooperative Agreement	
Attach supporting documents as specified in agency Instructions.	[
Add Attachments: Delete Attachments Wew/Attachments/	Ī
- special commission and the contract of the c	

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
a. Applicant State of California	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts If nee	oded.
SAGGAnachment De on	Attechnism View Attechnique
17. Proposed Project:	
* a. Start Date: 7/1/08	* b. End Date: 6/30/08
18. Estimated Funding (S):	
* a. Foderal \$2,252,927.00	
* b. Applicant \$679,474.00	
* c. State	
* d, Local	
e. Other	
*f. Program Income	
g, TOTAL \$2,932,401.00	
Yes No Espansion 21. "By signing this application, I certify (1) to the statements contain heroin are true, complete and accurate to the best of my knowledge comply with any resulting terms if I accept an award. I am aware the may subject me to criminal, civil, or administrative ponalties. (U.S. —— I AGREE *** The list of certifications and assurances, or an internet site where your	ge. I also provide the required assurances** and agree to at any false, flottious, or fraudulent statements or claims. Code, Title 218, Section 1001)
specific instructions,	
Authorized Representative:	
	Mary-Ann
Middle Name:	
Last Name: Warmerdam	
D. 40	
Suffix:	
Titlo: Director	
* Tolophone Number: (916) 4454000	Fax Number: (916) 324-1452
* Title: Director * Tolophone Number: (916) 4454000 * Email:	
* Title: Director * Tolophone Number: (916) 4454000 * Email:	Fax Number: (916) 324-1452

Application for Federal Assista	nce SF-424		Version	02		
*1. Type of Submission;	*2. Type of Application	on * If Revision, select appropriat	le letter(s)			
☐ Proapplication	☐ New					
■ Application	□ Continuation	*Other (Specify)	promption and an experience of the response of the second			
Changed/Corrected Application	Revision		RECEIVED			
3. Date Received: 4	. Applicant Identifier:		MAY 2 2 2008			
5a. Federal Entity Identifier;		*5b. Federal Award Identifier: AD-16178-07-60-A-48	STATE CLEARING HOUSE			
State Use Only:						
6. Date Received by State:	7. State Ap	plication Identifier:				
8. APPLICANT INFORMATION:	•					
*a. Legal Name: SER-Jobs for Progr	ess National, Inc.					
*b. Employer/Taxpayer Identification 850197752	Number (EIN/TIN):	*c. Organizational DUNS: 074113481 CCR				
d. Address:	d. Address:					
*Street 1: <u>122 W. Jo</u>	nn Carpenter Freeway					
Street 2: <u>Suite 200</u>	- 100 T (100 T 100 T	-				
*City: <u>Irving</u>						
County: <u>Dallas</u>						
*State: <u>Texas</u>						
Province:						
*Country: USA						
*Zip / Postal Code 75039						
e. Organizational Unit:						
Department Name: Operations Dept.		Division Name: SCSEP Program Operations				
f. Name and contact information o	f person to be contact	ted on matters involving this appli	cation:			
Prefix: Mr.	*First Name: A	Arturo				
Middle Name:						
*Last Name: Zertuche						
Suffix:						
Title: SCSEP National Dir	ector					
Organizational Affiliation: N/A						
*Telephone Number: 469-524-1200,	ext. 269	Fax Number: 469-524-1287				
*Email: azertuche@ser-national.org	V					

P.3/4

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Labor/Employment and Training Administration	
11. Catalog of Federal Domestic Assistance Number:	
17.235	
CFDA Title:	
Older Workers' Program	
*12 Funding Opportunity Number:	
*Title;	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
The SCSEP project will be operated in the following states: California, Colorado, Florida, Illinois, Kansas, Rhode Isla Wisconsin. For a complete list of counties in each state will be served by SCSEP, please refer to Attachment A of the	
*15. Descriptive Title of Applicant's Project:	
The Senior Community Service Employment Program will serve individuals 55 years and older and will provide traini in host agencies. In addition, the project will prepare these individuals for unsubsidized employment and will assist a placement and retention.	ng opportunities vith job

Application for Fe	deral Assistance SF-4	24		Version 02		
16. Congressional D	Districts Of:					
*a. Applicant: TX-032	2	*b	. Program/Project: 5	See attached Sub Grantee List		
17. Proposed Proje	ct:					
*a. Start Date: July 1	, 2008	_	*b. End Date:	June 30, 2009		
18. Estimated Fundi	ng (\$):					
*a. Federal	30,190,014.00					
b. Applicant						
*c. State		•				
*d. Local	2 254 446 00					
*e. Other	3,354,446.00	•				
*f. Program Income						
*g. TOTAL	33,544,460.00			,		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?						
🛛 a. This application	on was made available to the	ne State under the Executiv	e Order 12372 Proc	ess f or review on <u>5/22/08</u>		
D. Program is sub	eject to E.O. 12372 but has	s not been selected by the S	state for review.			
C. Program is not	t covered by E. O. 12372					
*20, is the Applican	t Delinquent On Any Fed	leral Debt? (If "Yes", prov	/ide explanation.)			
☐ Yes	No					
herein are true, comp with any resulting ten	elete and accurate to the be ns if I accept an award. I a	est of my knowledge. I also	provide the required titious, or fraudulent	s** and (2) that the statements d assurances** and agree to comply statements or claims may subject		
** The list of certificat agency specific instru	ions and assurances, or a actions	n internet site where you ma	ay obtain this list, is o	contained in the announcement or		
Authorized Represe	ntative:			448.00		
Prefix: Mr.		*First Name: Ignacio				
Middle Name:						
*Last Name: <u>Sal</u>	azar					
Suffix:						
Title: President/CEC)					
Telephone Number:	469-524-1200		Fax Number: 469-	524-1287		
*Email: isalazar@se	r-national.org					
*Signature of Authoriz	zed Representative:	znacio Aalazar	,	*Date Signed: 5-92-03		

GRANTS.GOV"

Grant Application Package

Opportunity Title:	Community-Scale Air Toxics Ambi	ent Monitoring		This electionic grants	apprication is units	nded to		
Offering Agency:	Environmental Protection Agency			be used to apply for the specific Federa				
CFDA Number:	66.034			opeortunity to le renced here				
CFDA Description:	Surveys, Studies, Investigations, C	Demonstrations a	and Sper	15the Faderal funding p				
Opportunity Number:	EPA-OAR-OAQPS-07-01			opportunity for which y				
Competition ID:	No. To page the minute constraint of the property of the minute base for the training of the t			"Cancer" button at the	top of this screen	You will		
Opportunity Open Date:	02/01/2007			then need to locate the	correct Federal	Ending		
Opportunity Close Date:	04/17/2007			ердетипту - ост ад				
Agency Contact:	Please contact Michael Jones at (9	s at (919) 541 •						
	y open to organizations, applicants , or other type of organization.	who are submitt	ing grant application	ns on behalf of a compan	y, state, local or t	ribal		
* Application Filing Name:	SCAQMD-FY07-Community Scale N	Monitoring						
Mandatory Documents Application for Federal Assis	nnea (SE 424)	Move Form to Submission List	Mandatory Completed Documents for Submission Budget Information for Non-Construction Programs (SF-424A)					
Project Narrative Attachment		,	Obaget Information	to Non-Constitution 1 10gh				
		Move Form to Documents List		٠.	9			
·		(=	i			i		
[• -				open Form				
Optional Documents		Move Form to Submission List	Optional Complete	ed Documents for Submis	ssion	1		
	:	1	1			1		
	į	Move Form to Documents List	:			į		
i	i							
[24	(ar. 6787)					1		
		· ·	,					



Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Submit" button will not be functional until the application is complete and saved.



Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- -It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- -The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" ere required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- -To open an Item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box. To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- -When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed In white. If you enter invalid or incomplete information in a field, you will receive an error message.



Click the "Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
- You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

D002

Application fo	r Federal Assistance S	F-424	,	Ve	ersion 02
16. Congressiona	Districts Of:		The state of the s		
a. Applicant	2		* b. Program/Proje	ct 25-48	
Attach an additions	al list of Program/Project Congr	essional Districts if ne	eedad.		
		Attachment			ü
17. Proposed Pro	ject:				
* e, Start Date:	9/01/2007	y	* b. End Da	te: 06/30/2009	
18. Estimated Fur	nding (\$):	4		DEOE IV prove pres]
▼a. Federal		697,669.00		LUECEIVED	
• b. Applicant		0.00		MAY 2 2 2008	
* c. State		0.00			
* d. Local		0.00		STATE CLEARING HOUSE	
• s. Other		0.00			
*f. Program Incom	ne	0.00			
g. TOTAL		697,669.00			
b. Program is subject to E.O. 12372 but has not been selected by the State for review. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE* **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.					
Authorized Repre	sentative:				
Prefix;		First Name:	Barry		
Middle Name: R.			<u> </u>		
	allerstein				
Suffix: D.Env.					
* Title: Executive Officer					
* Telephone Number	or: 909-396-2100		Fax Number:		
* Email: bwallers	vog.bmps@niet				
* Signature of Author	orized Representative: Comple	ted by Grants.gov upon au	mission : Date Signed: Comple	eted by Grants.gov upon submission.	

APPLICATION FOR		O DATE CUDANTIES		14-11-41-	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGE		Federal Identifier		
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Unit			
City of Farmersville/Farmersville	e Redevelopment Agend	÷V	Department: Fire Department			
Organizational DUNS:			Division:			
00-495-3360 Address:			Name and telephon	e number of pe	rson to be contacted on matters	
Street: 909 W. Visalia Rd.			involving this application (give area code)			
			Prefix:	First Name: Rene'		
City: Farmersville			Middle Name			
County: Tulare			Last Name Miller			
State: CA	Zip Code 93223		Suffix:			
Country: USA			Email: cparene@sbcglobal.	net		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)	
94-6050396	1		559-747-0458		559-747-6724	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
₩ Nev		n 🖺 Revision	C - Municipal			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER	AL AGENCY:	The state of the s	
10. CATALOG OF FEDERAL D	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			ITLE OF APPL	CANDS PROJECT VED	
10-764		Purchase of Mini Pumper Fire Engine				
TITLE (Name of Program):	Min Facilianis				MAY 2 3 2008	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s. States. etc.):	_			
Farmersville, and areas of Tular	, ,	-,,			STATE CLEARING HOUSE	
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	For the state of t	
Start Date: 4-1-08	Ending Date: 8-31-08		a. Applicant 21st		b. Project 21st	
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	a. Yes. THIS PR		MAPPLICATION WAS MADE	
b. Applicant \$		50,000	AVAILAD	BLE TO THE STA BS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON	
c. State \$		113,000	DATE:			
				MICHOT COL	TERES 5.45 6 40070	
d. Local \$			D. NO. (1.1)		'ERED BY E. O. 12372 .	
e. Other \$			OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		163,000	Yes If "Yes" attac	•		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	ICATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative		WARDED.				
Prefix	First Name Rene'		Middle	Name		
Last Name Miller			Suffix			
b. Title City Manager		<u> </u>		ephone Number 47-0458	(give area code)	
d. Signature of Authorized Repre	sentative June	Mille	e. Dat 3-26-	e Signed 08		
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APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/22/2008		Applicati CHEM:	Applicant Identifier CHEM: 08-APL		
1. TYPE OF SUBMISSION:	Dliti	3. DATE RECEIVED BY	Y STATE	State Application Identifier			
Application Construction	Pre-application Construction	4. DATE RECEIVED BY FEDERAL AG		Federal	Identifier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			T =				
Legal Name:			Organizational Unit Department:	: <u> </u>			
CHEMEHUEVI INDIAN TRIBE			PLANNING				
Organizational DUNS: 02-873-51	65		Division:				
Address:			•		of person to be contacted on matters		
Street:			involving this application (give area code) Prefix: First Name:				
P.O. Box 1976			MR.	WILL	**RECEIVED		
City: HAVASU LAKE		· · · · · · · · · · · · · · · · · · ·	Middle Name LOUIS		ILCIVED		
County: SAN BERNARDINO	•		Last Name COX		MAY 2 7 2008		
State: CA	Zip Code 92363		Suffix:				
Country: USA			Email: tribe@citlink.net		STATE CLEARING HOUSE		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)		
8 6 -0 2 5 2 2 3 9			760-858-1116		760-858-1805		
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (Se	e back of form for Application Types)		
V Nev		n Revision	K - Indian Tribe				
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (specify)				
Cocc back of form for description							
Other (specify)			9. NAME OF FEDER	AL AGEN	CY:		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TO	ITLE OF A	APPLICANT'S PROJECT:		
		2 0-1 0 6	Update Chemehuevi	Valley Ain	port Layout Plan		
TITLE (Name of Program):							
12. AREAS AFFECTED BY PRO	pital Improvement Progr DIFCT (Cities Counties		4				
Havasu Lake, CA Lake Havasu	,						
13. PROPOSED PROJECT	,		14. CONGRESSION	AL DISTRI	ICTS OF:		
Start Date:	Ending Date:	175	a. Applicant		b. Project		
July 20008 15. ESTIMATED FUNDING:	Dec 2008	<u> </u>	35 , CA	I SUB IEC	35, CA T TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PROC	ESS?			
a. Federal \$		26,990 ⁰			ATION/APPLICATION WAS MADE IE STATE EXECUTIVE ORDER 12372		
b. Applicant \$		2,900			EVIEW ON		
c. State \$.00	DATE: M	1ay 22, 200	08		
d. Local \$			b. No. T PROGRA	M IS NOT	COVERED BY E. O. 12372		
e. Other \$			OR PROX		S NOT BEEN SELECTED BY STATE		
f. Program Income \$.00			IQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$		29,890	Yes If "Yes" attact	n an explai	nation. 🗷 No		
	NUTHORIZED BY THE	30VERNING BODY OF			ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE		
a. Authorized Representative		F					
Mr.	First Name Charles		Middle	Name Fran	nklin		
Last Name Wood			Suffix				
D. Title CHEMEHUEVI COUNCIL	CHAIRMAN		c. Tele	phone Nur 760-858	mber (give area code) 3-4301		
d. Signature of Authorized Repres	entative		e. Date	Signed May 22			

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Application for Federal Assistan	ce SF-424		Version 02		
*1. Type of Submission:	*2. Type of Applicati	ion * If Revision, select appropria	ate letter(s)		
☐ Preapplication	⊠ New				
	☐ Continuation	*Other (Specify)			
☐ Changed/Corrected Application	Revision		RECEIVED		
3. Date Received: 4.	Applicant Identifier:		MAY 2 7 2008		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	STATE CLEARING HOUSE		
State Use Only:					
6. Date Received by State:	7. State Ap	pplication Identifier:			
8. APPLICANT INFORMATION:					
*a. Legal Name: Senior Service Amer	rica, Inc.				
*b. Employer/Taxpayer Identification N 52-6048236	lumber (EIN/TIN):	*c. Organizational DUNS: 84-985-4310			
d. Address:					
*Street 1: <u>8403 Coles</u>	ville Road				
Street 2: Suite 1200					
*City: <u>Silver Spring</u>	g	_			
County:					
*State: <u>Maryland</u>		_			
Province:					
*Country: <u>USA</u>					
*Zip / Postal Code <u>20910-3314</u>	!				
e. Organizational Unit:	1945.				
Department Name: Senior Community Service Employmen	nt Program	Division Name:			
f. Name and contact information of	person to be contact	ted on matters involving this app	lication:		
Prefix: Mr.	*First Name: A	Anthony			
Middle Name: R.					
*Last Name: <u>Sarmiento</u>					
Suffix:					
Title: President and Execut	tive Director				
Organizational Affiliation:					
*Telephone Number: 301-578-8469	ig () con	Fax Number: 301-578-8947			
*Email: tsarmiento@ssa-i.org					

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Labor, Employment and Training Administration	
11. Catalog of Federal Domestic Assistance Number:	
17.235	
CFDA Title:	
Senior Community Service Employment Program	
*12 Funding Opportunity Number:	
12 Tallaling Opportunity	
*Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
See Attachment I in Part I	
*15. Descriptive Title of Applicant's Project:	
Promote part-time community service and work-based training opportunities for low-income individuals age 55 and older	er, and foster
self-sufficiency.	

I		10.1		Expiration Date: 01/31/2009	
Application for Fed	leral Assistance SF-4	124		Version 02	
16. Congressional Di					
*a. Applicant: Marylan	d 004		*b. Program/	Project: See Attachment I	
17. Proposed Projec	t:				
*a. Start Date: 07/01/2	2008	*t	. End Date: 06/30/2	009	
18. Estimated Fundin	g (\$):				
*a. Federal	60,434,186	_			
*b. Applicant	6,714,910				
*c. State					
*d. Local		-			
*e. Other		•			
*f. Program Income					
*g. TOTAL	67,149,096				
*19. Is Application St	ubject to Review By Sta	te Under Executive Orde	12372 Process?		
a. This application	was made available to the	he State under the Executiv	e Order 12372 Proc	ess for review on <u>05/19/2008</u>	
☐ b. Program is subje	ect to E.O. 12372 but has	not been selected by the S	State for review.		
☐ c. Program is not o	covered by E. O. 12372				
*20. Is the Applicant	Delinquent On Any Fed	leral Debt? (If "Yes", pro	vide explanation.)		
☐ Yes	lo .				
herein are true, comple with any resulting terms	ete and accurate to the be s if I accept an award. I a	est of my knowledge. I also	provide the required titious, or fraudulent	ns** and (2) that the statements d assurances** and agree to comply statements or claims may subject	
★*IAGREE					
** The list of certificatio agency specific instruct		n internet site where you m	ay obtain this list, is	contained in the announcement or	
Authorized Represent	tative:				
Prefix: Mr.		*First Name: Anthor	ıy		
Middle Name: R.					
*Last Name: <u>Sarm</u>	iento				
Suffix:					
*Title: Executive Director					
*Telephone Number: 301-578-8469 Fax Number: 301-578-8947					
* Email: tsarmiento@s	sa-i.org				
*Signature of Authorize	d Representative:			*Date Signed: 05/19/2008	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SU	BMITTED			Applicant Iden	Uffer	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RE	CEIVED BY	STATE	· · _ · · · · · · · · · · · · · · · · ·	State Application	on Identifier	
Application Construction	Pre-application Construction	4. DATE RE	AY 2937	FEDERAL A	BENCY	Federal Identifi		
Non-Construction	Non-Construction					04-032-094269	90091	
6. APPLICANT INFORMATION Lagal Name:				Organizatio	nal Unit			
INDIAN VALLEY COMMUNITY	SEBVICES DISTOICT			Department		D. 01/0HE44		
Organizational DUNS: 628774759	SERVICES DISTRICT	0,700		GREENVILLE WATER SYSTEM Division: WATER TREATMENT PLANT				
Address:			San	Name and telephone number of person to be contacted on matters				
Street:				involving this application (give area code)				
PO Box 699 430 Main Street				Prefix:	IS	First Name:	LEANNA /	
City: Greenville			d National States	Middle Nam				Dr
County: Plumas				Last Name	MOOF	RE		TECE
State: CA	Zip Code 95947			Suffix:				MAY 27 200
Country:			25000	Email:		Afronllomat not	/or	27 20
USA 6. EMPLOYER IDENTIFICATIO	N NUMBER (FIM)			Phone Num		afrontlemet.net	Fax Number (do	G (Pas code)
94-2890091	- The state of the			(530) 284-7		da (221)	(530) 284-0894	PEARING HO
8. TYPE OF APPLICATION:	<u> </u>			7. TYPE OF	APPLICA	NT: (See back	of form for Appl	ication Types)
D, New		n Re	noiziv		SPE	CIAL DISTRIC	т	
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)	М		Other (speci		COINE GIOTINO	, L	
Other (specify)		Ų		9. NAME OF	FEDERA	AL AGENCY: SERVICE		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		11. DESCR	PTIVE TIT	TLE OF APPLIC	ANT'S PROJEC	CT:
		1 0-	760					
TITLE (Name of Program): WATER AND WASTE I	DISPOSAL LOAN AND	GRANT PRO	GRAM	Rehabilitation of the Greenville Water Treatment Plant				
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	States, etc.));	İ				
COMMUNITY OF GREENVILLE	, PLUMAS COUNTY, C	A						
13. PROPOSED PROJECT				14, CONGR	ESSIONA	L DISTRICTS	OF:	
Start Date:	Ending Date:			a. Applicant	201177		b. Project	
JULY 2008 15, ESTIMATED FUNDING:	DECE	MBER 2008	-		CATION		JOHN DOOLI	ATE EXECUTIVE
				ORDER 123	72 PROCE	ESS?		
a. Federal \$		500,000					APPLICATION I	
b. Applicant S	November		· VIII			S FOR REVIEW		ONDER 12372
c. State \$		1,000,000	00	1	DATE:			
d. Local \$, au	b. No. 1	PROGRA	M IS NOT COV	ERED BY E. O.	12372
e. Other \$					OR PROG		BEEN SELECT	ED BY STATE
f, Program (ncome \$			Ou .				IT ON ANY FED	ERAL DEBT?
g. TOTAL \$		1,500,000) ⁽	Yes If "Y	es" attach	an explanation		40
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING	IN THIS APP BODY OF T	LICATION/PI	REAPPLIC	CATION ARE T THE APPLICAL	RUE AND CORE	RECT. THE LY WITH THE
a Authorized Representative Prefix MS	First Name		W-10.0		Middle	Name		
Last Name MOORE	LEANNA				Suffix	-		
b. Title					c. Teler	phone Number ((give area code)	over districted.
GENERAL MANAGER			_		(53	0) 284-7224		
d. Signature of Authorized Repre	sentative Llam	na V	nou		e. Date	Signed M	m39'5	008

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* 1. Type of Submission:					
Preapplication	* 2. Type of Application:	* If Revision, select appropriate letter(s):			
✓ Application	Continuation	* Other (Specify)			
Changed/Corrected Application	_		RECEIVED		
* 3. Date Received:	4. Applicant Identifier:		MAY 2 7 2008		
Completed by Grants.gov upon submission.					
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	STATE CLEARING HOUSE		
State Use Only:					
6. Date Received by State:	7. State Applicati	ion Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Rancho Santia	ago Community College District, I	nc.			
* b. Employer/Taxpayer Identifica	tion Number (EIN/TIN):	* c. Organizational DUNS:			
95-2696799	y	076070283			
d. Address:					
* Street1: 2323 N. Br	padway				
Street2:					
* City: Santa Ana					
County: Orange					
* State:		CA: California			
Province:					
* Country:	/ Thurston	USA: UNITED STATES			
* Zip / Postal Code: 92706					
e. Organizational Unit:					
Department Name:		Division Name:			
		matters involving this application:			
Prefix: Middle Name:	* First Na	me: Janie			
* Last Name: Marcus					
Suffix:					
Title: Director of Grants/Resources Department					
Organizational Affiliation:					
* Telephone Number: 71448074	53	Fax Number: 7147963921			
* Email: marcus_janie@rsccd.c	erg				

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
S: Hispanic-serving Institution	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	-
84.184	
CFDA Title:	
Safe and Drug-Free Schools and Communities_National Programs	
* 12. Funding Opportunity Number:	
ED-GRANTS-042408-001	
* Title:	
Emergency Management for Higher Education Grants CFDA 84.184T	
13. Competition Identification Number:	
84-184T2008-1	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
The City of Santa Ana and the City of Orange, Orange County, California	
* 15. Descriptive Title of Applicant's Project:	
Rancho Santiago Community College District College Safety Collaborative EMHE Program	
Attach supporting documents as specified in agency instructions.	
Add Attachments View Attachments	
	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

Application 1	for Federal Assista	nce SF-424			Version 02		
16. Congression	nal Districts Of:						
* a. Applicant	CA-047		* b. Program	/Project CA-047			
Attach an additio	Attach an additional list of Program/Project Congressional Districts if needed.						
		Add Attachment Deid	de Attochment View Affachn	ont.			
17. Proposed P	roject:						
* a. Start Date:	09/01/2008		* b. E	end Date: 02/28/2010			
18. Estimated F	funding (\$):						
* a. Federal		562,339.00					
* b. Applicant		73,125.00					
* c. State		0.00					
* d. Local		0.00					
* e. Other		0.00					
* f. Program Inco	ome	0.00					
* g. TOTAL		635,464.00					
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
✓ *IAGREE							
** The list of cert specific instruction		, or an internet site where yo	u may obtain this list, is conta	ained in the announcement or a	gency		
Authorized Rep	resentative:						
Prefix:		* First Name:	Edward				
Middle Name:				-			
* Last Name:	Hernandez						
Suffix:	Jr.						
* Title: Chancellor							
* Telephone Num	ber: 7144807300		Fax Number:				
* Email: fuller_	_libby@rsccd.org						
* Signature of Aut	thorized Representative:	Completed by Grants.gov upon s	ubmission. * Date Signed:	Completed by Grants.gov upon subm	ission.		

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Prescribed by OMB Circular A-102

ŧ					
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTE	D	Applicant Identifier		
SF 424 (R&R)	3. DATE RECEIVED BY STATE		State Application Identifier		
	-		RECEIVED		
1. TYPE OF SUBMISSION					
○ Pre-application ● Application ○ Changed/Corrected Application	4. Federal Identifier DE-FC02-07ER54	4916-Supplemental	MAY 2 7 2008		
5. APPLICANT INFORMATION * Legal Name: Regents of the University of California Department:	Division:		STATE CLEARING HOUSE	zational DUNS:092530369	
* Street1: Office of Contract and Grant Administration		ss Avenue, Suite 102			
* City: Los Angeles	County: Los Angeles		" State: CA: California		
Province:	Country: USA: UNIT	TED STATES	* ZIP / Postal Code: 9009	5	
Person to be contacted on matters involving this appl Prefix: * First Name: Ms. Kristin * Phone Number: 310-794-0171	ication Middle Nat		* Last Name: Lund	Suffix:	
		<u></u>	Email: klund@resadmin,u	CIA.GOU	
6.* EMPLOYER IDENTIFICATION NUMBER (EIN) (956006143	>r (TIN):	7. * TYPE OF APPL H: Public/State C	ICANT ontrolled Institution of Higher Education	on	
8. * TYPE OF APPLICATION: New		Other (Specify):			
Resubmission Renewal Continuation	O Revision	O Women Owned	Small Business Organization T Socially and E	ype conomically Disadvantaged	
If Revision, mark appropriate box(es). O A. Increase Award O B. Decrease Award O	C. Increases Duration	9. * NAME OF FEDERAL AGENCY: DOE			
O D. Decrease Duration C E. Other (specify):	C. Increase Deration	10. CATALOG OF F	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049		
* Is this application being submitted to other agencies What other Agencies?	-	TITLE: Annual Notice Submission of Renewal and Supplemental Applications for Of- fice of Science Grants and Cooperative Agreement			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJ Basic Plasma Science Facility Upgrade					
12. * AREAS AFFECTED BY PROJECT (cities, cour. Los Angeles, CA	ities, states, etc.)				
13. PROPOSED PROJECT:			IAL DISTRICTS OF:		
* Start Date * Ending Date		a. * Applicant	b. * Project		
01/01/2008 12/31/2008		CA-030	CA-030		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT Prefix; * First Name:			T.I. and blomes	Suffix:	
Dr. Walter	Middle Nar	**************************************	" Last Name: Gekelman	Sumx;	
Position/Title: Professor	* Organization Name:		rsity of California, Los Angeles		
Department: Physics and Astronomy	Division:	regenta o the onive	isity of California, Los Angeles		
* Street1: BOX 951547	Street2: 1000 Veterar	Ave. Rm 15-70			
* City: Los Angeles	County: Los Angeles	, , a	* State: CA: California		
Province:	* Country: USA; UNIT	ED STATES	* ZIP / Postal Code: 90095-1696		
* Phone Number: 310-206-6904	Fax Number: 310-206	3-1772	* Email: gekelman@physic	:s.ucla.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

8. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PRO- CESS?						
a. * Total Estimated Project Funding \$15,00 b. * Total Federal & Non-Federal Funds \$15,00 c. * Estimated Program Income \$0.00	0.00 DATE: b. NO	THIS PREAPPLICATION/APPLICATION WAS N STATE EXECUTIVE ORDER 12372 PROCESS 05/20/2008 PROGRAM IS NOT COVERED BY E.O. 12372; PROGRAM HAS NOT BEEN SELECTED BY ST	FOR REVIEW ON: OR			
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) • * I agree * The list of certifications and essurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.						
19. Authorized Representative						
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix:			
Ms. Karen .	D	Marchant				
* Position/Title; Grant Analyst	* Organization Name: Re	gents of the University of California, Los Angeles				
Department: Office of Contracts and Grants	Division: Univ of Calif, Lo	s Angeles				
* Street1: Office of Contract and Grant Admin	Street2: 11000 Kinross A	ve, Ste 102				
* City: Los Angeles	County: Los Angeles Co	unty "State: CA: California				
Province:	" Country: USA; UNITED	STATES * ZIP / Postal Code: 90	095			
* Phone Number: 310-794-0171	Fax Number: 310-943-16	556 • Email: ocga3@resea	rch,ucla.edu .			
* Signature of Authorized Ro	epresentative	* Date Signed				
Karen Marchani			,			
20. Pre-application File Name: Mime Type:						
21. Attach an additional list of Project Congre	ssional Districts if needed.					
File Name: Mime Type:						

APPLICATION FOR Versio						
FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	3. DATE RECEIVED BY STATE		State Application Identifier	
☐ Construction	Construction	4. DATE RECEIVED B	4. DATE RECEIVED BY FEDERAL AGE		fier	
Non-Construction	on					
5. APPLICANT INFORMATION Legal Name:		Organizational	Organizational Unit:			
Farm Mutual Water Company		Department:				
Organizational DUNS:			Division:			
603041377						
Address: Street:				phone number of person to be contacted on matters application (give area code)		
33383 Mill Pond Dr.	a a	4AV 9 0 2000	Prefix:	First Name:		
City: Wildomar		AY 2 8 2008 Middle Name		Seth		
		E CLEARING HOUSE	LEARING HOUSE Last Name McGaugh			
State: CA	Zip Code 92595		Suffix:			
Country			Email:	Email:		
United States of America			farmmutual2@aol.com			
6. EMPLOYER IDENTIFICATIO			(give area code)	Fax Number (give area code)		
9 5 - 3 4 7 4 5 2 2			(951) 244-4198		(951) 244-6531	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)			
✓ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es)			O. Mutual Water Company			
(See back of form for description of letters.)			Other (specify)			
Other (specify)			9. NAME OF FEDERAL AGENCY: USDA Rural Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10-760			Water Storage	Water Storage Tank and Office Building Improvements		
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				.,		
Service Area of Farm Mutual Water Company						
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:						
Start Date:	Ending Date:		a. Applicant		b. Project	
Summer 2008	Spring 2009		District No. 49, I		Same	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$		905,000			N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant \$	WOOD SECTION 100 100 100 100 100 100 100 100 100 10	13,800		OCESS FOR REVIE		
c. State \$		10,000	DA ⁻	TE:		
d. Local \$.00	b. No. PRO	OGRAM IS NOT COV	VERED BY E. O. 12372	
e. Other \$.00	⊢ ⊓ OR		OT BEEN SELECTED BY STATE	
f. Program Income \$.00		R REVIEW P <mark>licant delinque</mark>	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		918,800	Yes If "Yes"	attach an explanation	n. 🗷 No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE						
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Authorized Representative Prefix First Name				Middle Name		
TOTAL IN CONTRACTOR						
Last Name Livingston			Suffix			
b. Title President				c. Telephone Number (give area code) (951) 244-4198		
d. Signature of Authorized Representative				e. Date Signed 3-14-08		
Previous Edition Usable		1			Standard Form 424 (Rev 9-2003)	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for Federal Assistar	ice SF-424		Version 02
*1. Type of Submission:	*2. Type of Applicati	ion * If Revision, select appropria	ate letter(s)
☐ Preapplication	⊠ New		
	☐ Continuation	*Other (Specify)	
☐ Changed/Corrected Application	Revision		
3. Date Received: 4.	Applicant Identifier:		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			RECEIVED
6. Date Received by State:	7. State Ap	plication Identifier:	MAY
8. APPLICANT INFORMATION:			MAT 2 8 2008
*a. Legal Name: AARP Foundation P	rograms		STATE CLEARING HOUSE
*b. Employer/Taxpayer Identification N 52-0794300	Number (EIN/TIN):	*c. Organizational DUNS: 119721533	
d. Address:			
*Street 1: 601 E Street	et NW		
Street 2:			
*City: <u>Washingtor</u>	1		
County:			
*State: <u>DC</u>			
Province:			
*Country: USA			
*Zip / Postal Code 20049			
e. Organizational Unit:			
Department Name:		Division Name:	
Senior Community Service Employmen	nt Program	AARP Foundation Programs	
f. Name and contact information of	person to be contact	ted on matters involving this app	lication:
Prefix: Mr.	*First Name: J	James	
Middle Name: <u>F.</u>			
*Last Name: <u>Seith</u>	,		
Suffix:	-		
Title: Vice President, AAR	P Foundation Low Inco	ome Programs	
Organizational Affiliation: AARP Foundation			
*Telephone Number: 202-434-2030		Fax Number: 202-434-6446	
*Email: jseith@aarp.org			

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu	
Type of Applicant 2: Select Applicant Type:	·
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Labor, Employment and Training Administration	RECEIVED
11. Catalog of Federal Domestic Assistance Number:	MAY 2 8 2008
17-235	STATE CLEARING HOUSE
CFDA Title: Senior Community Service Employment Program	And the state of t
*12 Funding Opportunity Number:	
*Title: PY 2008 Planning Instructions and Allotments for All SCSEP Applicants	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
See Attached	
15. Descriptive Title of Applicant's Project:	
The Senior Community Service Employment Program is a work training program for roclow 125% of the poverty guidelines. The goal is to upgrade job readiness skills and program.	

Application fo	r Federal Assistance SF-	424		Version 02			
16. Congression	nal Districts Of:						
*a. Applicant: D0	C-00	* b	. Program/Project:	See Attached			
17. Proposed P	roject:						
*a. Start Date: July 1, 2008							
18. Estimated Fe	unding (\$):						
*a. Federal	\$80,736,049	_					
*b. Applicant	\$8,970,672	_					
*c. State							
*d. Local		_					
*e. Other		-					
*f. Program Incom *g. TOTAL		-					
g. TOTAL	\$89,706,721	-					
*19. Is Applicati	on Subject to Review By Sta	ate Under Executive Order	12372 Process?				
🛛 a. This applic	cation was made available to t	he State under the Executiv	e Order 12372 Proc	ess for review on May 15, 2008.			
☐ b. Program is	subject to E.O. 12372 but has	s not been selected by the S	State for review.				
C. Program is	s not covered by E. O. 12372						
*20. Is the Appli	cant Delinquent On Any Fed	deral Debt? (If "Yes", prov	vide explanation.)				
Yes	⊠ No						
herein are true, co with any resulting	omplete and accurate to the b	est of my knowledge. I also am aware that any false, fic	provide the required titious, or fraudulent	ns** and (2) that the statements d assurances** and agree to comply statements or claims may subject			
★* I AGREE							
** The list of certificagency specific in		n internet site where you ma	ay obtain this list, is o	contained in the announcement or			
Authorized Repr	esentative:						
Prefix:	Ms.	*First Name: Susan					
Middle Name:	<u>A.</u>						
*Last Name:	Miler						
Suffix:			· · · · · · · · · · · · · · · · · · ·				
*Title: Senior Vic	e President, AARP Foundation	n Programs		·			
*Telephone Numb	per: 202-434-2145		Fax Number: 202-	434-6446			
* Email: smiler@	aarp.org						
*Signature of Auth	norized Representative:	18an Mit		*Date Signed: 5 22 08			

G.A.

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB 05/28/2008	MITTED	Applicant Identifier				
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application Identifier				
1. * TYPE OF SUBMISSION							
☐ Pre-application ☑ Application ☐ Changed/Corrected Application	4. Federal Id DE-FC02-06E						
5. APPLICANT INFORMATION		* Organization	onal DUNS: 067638997 CC VC				
* Legal Name: General Atomics	· · · · · · · · · · · · · · · · · · ·		112021111				
Department: Energy	Division: T	heory & Computational Sc	ience MAY 2 8 2008				
* Street1: 3550 General Atomics Court	Street2:						
* City: San Diego Co	unty:		* State: CAL STATE CLEARING HOUSE				
		ED ST * ZIP / Postal Code	The company of the co				
Person to be contested as matters involving this confice	otion						
Person to be contacted on matters involving this application of the prefix: * First Name:	Middle Name:		* Last Name: Suffix:				
David]		Schissel				
* Phone Number: 858-455-3387 F	ax Number:		Email: dvaid.schissel@gat.com				
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA	NT:				
95-3735102		Q: For-Pr	rofit Organization (Other than Small Business)				
8.* TYPE OF APPLICATION: New		Other (Specify):					
	Revision	Women Owned	Small Business Organization Type Socially and Economically Disadvantaged				
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENCY:				
A. Increase Award B. Decrease Award C. Inc	crease Duration	Chicago Service Center					
D. Decrease Duration E. Other (specify)		10, CATALOG OF FEDE	RAL DOMESTIC ASSISTANCE NUMBER:				
* Is this application being submitted to other agencies?	Yes∏ No 	81.049					
What other Agencies?		TITLE: Office of Science	ee Financial Assistance Program				
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:						
Simulation of Wave Interactions with MHD	34/2/0/0						
12. * AREAS AFFECTED BY PROJECT (cities, counties) San Diego, CA	es, states, etc.)						
13. PROPOSED PROJECT: * Start Date * Ending Date		14. CONGRESSIONAL I	b. * Project				
10/01/2008 09/30/2010		CA-53	CA-53				
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	R CONTACT INF	ORMATION					
Prefix: * First Name:	Middle Name:		* Last Name: Suffix:				
David			Schissel				
Position/Title: Principal Investigator	* Organizatio	on Name: General Atomic	es				
Department: Energy	Division:	Theory & Comp	outational Science				
* Street1: 3550 General Atomics Court	Street2:						
* City: San Diego Cou	* City: San Diego County: * State: CA: Californ						
		ED ST * ZIP / Postal Co					
	x Number:		* Email: david.schissel@gat.com				

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds	249,983.17 249,983.17	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
c. * Estimated Program Income DATE: 05/28/2008 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW						
true, complete and accurate to the resulting terms if I accept an aw criminal, civil, or administrative I agree	ne best of my knowledge. I als ard, I am aware that any false penalties. (U.S. Code, Title 18	ained in the list of certifications* and (2) that the statements herein are so provide the required assurances * and agree to comply with any , fictitious, or fraudulent statements or claims may subject me to B, Section 1001)				
19. Authorized Representative						
Prefix: * First Name:	Middle Name:	* Last Name: Suffix:	_			
Ms. Ramona		Gompper	-			
* Position/Title: Senior Contract Admir	nistrator * Organiza	tion: General Atomics				
Department: Contracts and Purcha	sing Division:					
* Street1: 3550 General Atomics	Court Street2:					
* City: San Diego	County:	* State: CA: Califori				
Province:	* Country: UNI	TED ST * ZIP / Postal Code: 92121-1122				
* Phone Number: 858-455-3057	Fax Number:	* Email: ramona.gompper@gat.com				
* Signature of Author Completed on submis	•	* Date Signed Completed on submission to Grants.gov	_			
20. Pre-application		Add Attachment				
21. Attach an additional list of Proje	ct Congressional Districts if n	needed.				
	Add Attachment	A CONTROL OF THE PROPERTY OF T	ĺ			

Expiration Date: 01/31/2009

Application for Federal Assista	nce SF-424		Version 02
*1. Type of Submission:	*2. Type of Application	on * If Revision, select appropriate letter(s)	9
☐ Preapplication	⊠ New		
	☐ Continuation	*Other (Specify)	*
☐ Changed/Corrected Application	Revision		
3. Date Received: 4 05/27/2008	. Applicant Identifier:		H
5a: Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:	7. State Ap	plication Identifier:	***************************************
8. APPLICANT INFORMATION:			
*a. Legal Name: Santa Monica Colle	age		
*b. Employer/Taxpayer Identification 95-2767537	Number (EIN/TIN);	*c. Organizational DUNS; 038735049	
d. Address:			
*Street 1: 1900 Pico	Blvd.	•	
Street 2:		RECEIVED	
*City: <u>Santa Mo</u>	ni <u>ca</u>	RECEIVED	
County: <u>Los Angel</u>	es	MAY 2 9 2008	
*State: <u>CA</u>		STATE CLEARING HOUSE	
Province:		OTAL OLLAWA HOUSE	
*Country: <u>United Sta</u>	ates		
*Zlp / Postal Code 90405			
e. Organizational Unit:			
Department Name: SMCPD/Risk Management		Division Name: Student Services	
· · · · · · · · · · · · · · · · · · ·	of parson to be contac	ted on matters involving this application:	
1477			
Prefix:	*First Name:	<u>Laurie</u>	
*Last Name: McQuay-Peninger			
Suffix:			
Títle: Director, Grants			
Organizational Affillation:			
Grants Office	41		14.5 4500
*Telephone Number: (310) 434-37	8	Fax Number: (310) 434-3709	
*Email: McQuay-Peninger_Laurel@	∑smc,edu		

SMC PRESIDENT'S OFC
PAGE 03/04
PAGE 03/04
10/00/1/5 OMB Number: 4040-0004

Expiration Date: 01/31/2009

*9. Type of Applicant 1: Select Applicant Type: H. Public /State Controlled Institution of Higher Education Type of Applicant 2: Select Applicant Type: S. Hispanic-serving institution Type of Applicant 3: Select Applicant Type: **Other (Specify) **10 Name of Federal Agency: U.S. Department of Education 11. Catalog of Federal Domestic Assistance Number: 84.184 CFDA Title: Safe and Drug-Free Schools and Communities National Programs **12 Funding Opportunity Number: ED-GRANTS-042408-001 **Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84.18472009-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	Application for Federal Assistance SF-424	Version 02
Type of Applicant 2: Select Applicant Type: S. Hispanic-serving Institution Type of Applicant 3: Select Applicant Type: *Other (Specify) *10 Name of Federal Agency: U.S. Department of Education 11. Catalog of Federal Domestic Assistance Number: 84.184 CFDA Title: Safe and Drug-Free Schools and Communities. National Programs *12 Funding Opportunity Number: ED-GRANTS-042408-001 *Title: Emergency Management for Higher Education Grants CFDA 84,184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Countles, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	••	
S. Hispanic-serving Institution Type of Applicant 3: Select Applicant Type: *Other (Specify) *10 Name of Federal Agency: U.S. Department of Education 11. Catalog of Federal Domestic Assistance Number: 84.184 CFDA Title: Safe and Drug-Free Schools and Communities National Programs *12 Funding Opportunity Number: ED-GRANTS-042408-001 *Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	H. Public /State Controlled Institution of Higher Education	
Type of Applicant 3: Select Applicant Type: 'Other (Specify) '10 Name of Foderal Agency: U.S. Department of Education 11. Catalog of Federal Domestic Assistance Number: 84.184 CFDA Title: Safe and Drug-Free Schools and Communities. National Programs '12 Funding Opportunity Number: ED-GRANTS-042408-001 'Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84.18472008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County		
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U.S. Department of Education 11. Catalog of Federal Domestic Assistance Number: 84.184 CFDA Title: Safe and Drug-Free Schools and Communities National Programs **12 Funding Opportunity Number: ED-GRANTS-042408-001 **Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	*Other (Specify)	
U.S. Department of Education 11. Catalog of Federal Domestic Assistance Number: 84.184 CFDA Title: Safe and Drug-Free Schools and Communities National Programs **12 Funding Opportunity Number: ED-GRANTS-042408-001 **Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County		
11. Catalog of Federal Domestic Assistance Number: 84.184 CFDA Title: Safe and Drug-Free Schools and Communities National Programs *12 Funding Opportunity Number: ED-GRANTS-042408-001 *Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	-	
84.184 CFDA Title: Safe and Drug-Free Schools and Communities National Programs *12 Funding Opportunity Number: ED-GRANTS-042408-001 *Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	U.S. Department of Education	<u>. </u>
CFDA Title: Safe and Drug-Free Schools and Communities National Programs *12 Funding Opportunity Number: ED-GRANTS-042408-001 *Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	11. Catalog of Federal Domestic Assistance Number:	
*12 Funding Opportunity Number: ED-GRANTS-042408-001 *Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	84.184	
*12 Funding Opportunity Number: ED-GRANTS-042408-001 *Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Countles, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	CFDA Title;	
*Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	Safe and Drug-Free Schools and Communities National Programs	
*Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	WO Firstly County White have	
*Title: Emergency Management for Higher Education Grants CFDA 84.184T 13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County		
13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	ED-GRANTS-042408-001	
13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County		
13. Competition Identification Number: 84-184T2008-1 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County		
### 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	Emergency Management for Fights Education Grants CFDA 64, 1641	
### Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County		
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	13. Competition Identification Number:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Santa Monica, City of Los Angeles, west Los Angeles County	84-184T2008-1	
City of Santa Monica, City of Los Angeles, west Los Angeles County	Title:	
City of Santa Monica, City of Los Angeles, west Los Angeles County		
City of Santa Monica, City of Los Angeles, west Los Angeles County		
City of Santa Monica, City of Los Angeles, west Los Angeles County		
	14. Areas Affected by Project (Cities, Counties, States, etc.):	
*15. Descriptive Title of Applicant's Project;	City of Santa Monica, City of Los Angeles, west Los Angeles County	
*15. Descriptive Title of Applicant's Project;		
*15. Descriptive Title of Applicant's Project;		
*15. Descriptive Title of Applicant's Project;		
	*15. Descriptive Title of Applicant's Project;	
Santa Moπica College Emergency Management Initiative	Santa Monica College Emergency Management Initiative	

SMC PRESIDENT'S OFC

(K/thuloud # Q184 1 080145)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Fed	deral Assistance SF-4	Version 02
16. Congressional D	stricts Of:	
*a. Applicant: CA-30		*b. Program/Project: 30-35
17. Proposed Project		
*a. Start Date: 01/01/	2009	*b. End Date: 06/30/2010
18. Estimated Fundir	ng (\$):	
*a. Federal	355,560.00	
*b. Applicant	0.00	
*c. State	0.00	
*d. Local	0.00	
Te. Other	0.00	
*f. Program Income *g. TOTAL		
g. TOTAL	355,560.00	
*19. Is Application S	ubject to Review By Stat	te Under Executive Order 12372 Process?
🛭 a. This application	n was made available to th	e State under the Executive Order 12372 Process for review on 05/27/08
☐ b. Program is subj	ect to E.O. 12372 but has	not been selected by the State for review.
C. Program is not	covered by E. O. 12372	
*20. Is the Applicant	Delinquent On Any Fed	eral Debt? (If "Yes", provide explanation.)
☐ Yes	No	
herein are true, compl with any resulting term	ete and accurate to the be as if I accept an award. I a	e statements contained in the list of certifications** and (2) that the statements st of my knowledge. I also provide the required assurances** and agree to comply im aware that any false, fictitious, or fraudulent statements or claims may subject (U. S. Code, Title 218, Section 1001)
⊠ **IAGREE		
** The list of certification agency specific instructions.		internet site where you may obtain this list, is contained in the announcement or
Authorized Represer	ntative:	
Prefix:		*First Name: Chul
Middle Name: L.		
*Last Name: <u>Tsa</u>	ng	
Sufflx:		
*Title: Superintendent	/President	
*Telephone Number:	(310) 434-4200	Fax Number: (310) 434-4386
Email: Tsang_Chul@	Dsmc.edu	
*Signature of Authorize	ed Representative:	*Date Signed: 05/27/08
Authorized for Local Re	production	Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

APPLICATION FOR		2 DATE CURNITTED		Applicant Idea	Version 7/03
FEDERAL ASSISTANC	;E	2. DATE SUBMITTED		Applicant Ider	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY 4. DATE RECEIVED BY		State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCT	Federal Identi	iiei
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction				
Legal Name:			Organizational Unit Department:		2-140-1-T
Merced College			•		
Organizational DUNS:	0746670	72	Division:		
Address: Street:			Name and telephon involving this appli		erson to be contacted on matters
3600 M Street			Prefix:	First Name:	
City:			Dr. Middle Name		Benjamin
Merced County:			Last Name		
Merced			Duran		
State: CA	Zip Code 95348		Suffix:		
Country: United States			Email: duran.b@mcc	cd.edu	
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):	3	Phone Number (give		Fax Number (give area code)
77-036221	8		(209) 384-6100		(209) 384-6043
8. TYPE OF APPLICATION:	Description of the Control of the Co		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
If Revision, enter appropriate le		n Revision	I. State Cont	rolled Institution	of Higher Learning
(See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FEDER Economic Developm		on
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T		
		1 1 - 3 0 2			
TITLE (Name of Program):	onomio Adiustment	LL MIL	"Planning Grant to C	reate the Innova	tion Place Network"
12. AREAS AFFECTED BY P	conomic Adjustment ROJECT (Cities, Countie	s. States. etc.):	-		
Cities of Los Banos and Merce	5 AGS	-,,			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: June 2008	Ending Date: June	2009	a. Applicant	District	b. Project 18th District
15. ESTIMATED FUNDING:	54110		16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$	- 00	ORDER 12372 PROC	ESS? EAPPLICATION	MAPPLICATION WAS MADE
b. Applicant	•	60,000	_ AVAILAL	DEE TO THE ST	ATE EXECUTIVE ORDER 12372
	p	42,500		SS FOR REVIEV	VON
c. State	\$		DATE: N	May 22, 2008	
d. Local	\$.00	b. No. PROGRA	AM IS NOT COV	ERED BY E. O. 12372
e. Other	\$.00			T BEEN SELECTED BY STATE
f. Program Income	\$.00	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	00			П
	COMULEDOS AND DELIES	102,500	☐ Yes If "Yes" attac	OS TERROR AND A DESCRIPTION OF THE PERSON OF	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Dr.	First Name		Middle	Name	
	Benjamin		1	. ramo	
Last Name Duran			Suffix		
b. Title President	\.			phone Number 384-6100	(give area code)
	esentative			e Signed	22, 2008
Previous Edition Usable	Jun	DEOFILIA		ivia	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduct	tion	RECEIVE			Prescribed by OMB Circular A-102
		MAY 3 0 200	08		
		STATE CLEARING H	HOUSE		

APPLICATION FOR	_	2. DATE SUBMITTED			Applicant Ider	tifior	Version 7/0
FEDERAL ASSISTANCE							
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE		State Applicat	ion Identifie	∍r
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AG	ENCY	Federal Identi	fier	
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION	Hon Gonetiación						
Legal Name:			Organization Department:	al Unit:			
Merced County Economic Devel	opment Corporation						
Organizational DUNS: 09084	5512		Division:				
Address:							contacted on matters
Street: 470 W. Main Street, Sui	te 7		involving this Prefix:		tion (give area	a code)	
					S	cott	
City: Merced			Middle Name	•			
County:			Last Name	Galbraith			
Merced State:	Zip Code		Suffix:	Gaibiaitii			
CA	95340						-
Country: United States			Email:	raith@mc	edco.com		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Numb	er (give are	ea code)	Fax Numb	er (give area code)
7 7 - 0 3 5 4 0 7 9			20	09-723-38	89	20	09-723-4450
8. TYPE OF APPLICATION:			7. TYPE OF A	APPLICA	NT: (See back	of form for	Application Types)
IX Nev		on Revision		O Not fo	or Profit Organ	ization	
If Revision, enter appropriate lett (See back of form for description			Other (specify		or Front Organ	ization	
(OSS BUCK OF TOTAL TOT GOSSIPUS.	or rottorory		outer (openity				
Other (specify)			9. NAME OF		L AGENCY: nent Administr	ation	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTAN	CE NUMBER:			LE OF APPLIC		ROJECT:
		1 1-3 0 2					
TITLE (Name of Program):		1 1=3 0 2					
Eco	nomic Adjustment	0//	"Planning	Grant to 0	Create the Inno	vation Pla	ce Network"
12. AREAS AFFECTED BY PRO	•	s, States, etc.):					
Cities of Los Banos and Merce	ea, Mercea County		44.004.005	00101111	DIOTRIOTO (
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL	DISTRICTS (b. Project	
June 2008		2009		8th Distric	ct .		18th District
15. ESTIMATED FUNDING:						REVIEW	BY STATE EXECUTIV
a. Federal \$		00 000;	ORDER 1237			N/APPLIC	CATION WAS MADE
b. Applicant \$		60,000					CUTIVE ORDER 12372
b. Applicant		42,500	F	PROCESS	FOR REVIEW		
c. State \$		- 00		DATE:	May 23, 2	800	
d. Local \$.00	b. No. P	PROGRAM	I IS NOT COV	ERED BY	E. O. 12372
e. Other \$		00		OR PROG	RAM HAS NO	T REEN S	SELECTED BY STATE
		•	, F	OR REVI	EW		_
f. Program Income \$			17. IS THE AF	PPLICAN	T DELINQUE	IT ON ANY	Y FEDERAL DEBT?
g. TOTAL \$		102,500	Ves If "Ve	es" attach	an explanatio	n	⊠ No
18. TO THE BEST OF MY KI	NOWLEDGE AND BE						
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY T	HE GOVERNING BODY					
a. Authorized Representative Prefix	First Name			Middle N	Name		****
	Scott						· · · · · · · · · · · · · · · · · · ·
Last Name Galbraith				Suffix			
b. Title President & CEO				c. Telep	hone Number		ode)
d. Signature of Authorized Repre	esentative	54100 ·		e. Date	209-723-38 Signed	***************************************	
		THE THE PERSON OF THE PERSON O			May 2	3, 2008	

Application for F	ederal Assis	stance SF-424		Version 02
* 1. Type of Submission	on:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication New				
✓ Application		Continuation	* Other (Specify)	
Changed/Corrected	1 Application	Revision	Amendment CE-96949401-4	
* 3. Date Received:	100	4. Applicant Identifier:		
Completed by Grants.gov up	pon submission.			
5a. Federal Entity Iden	ntifier:		* 5b. Federal Award Identifier:	
			CE-96949401-3	
State Use Only:			-	-
6. Date Received by Si	tate:	7. State Application	on Identifier:	DEOFINE
8. APPLICANT INFOR	RMATION:	•		HECEIVED
* a. Legal Name: Ass	sociation of Bay	Area Governments		MAY 2 9 2008
* b. Employer/Taxpayer	r Identification No	umber (EIN/TIN):	* c. Organizational DUNS:	QTATE OF EADING HOUSE
94-2832478			07-907-3920	STATE CLEARING HOUSE
d. Address:	-			
* Street1:	P.O. Box 2050)		
Street2:	101 Eighth Str	-eet		
* City:	Oakland			
County:	Alameda			
* State:	CA			
Province:				
* Country:	USA			
* Zip / Postal Code: 9	94604-2050			
e. Organizational Uni	it:			
Department Name:			Division Name:	
San Francisco Est	tuary Project	M. S. C.	A 100	
f. Name and contact i	information of p	person to be contacted on	matters involving this application:	
Prefix: Ms.		* First Nan	me: Judy	
Middle Name: A.				
* Last Name: Kelly				
Suffix:				
Title: Director, San	n Francisco Es	stuary Project		
Organizational Affiliatio	on:			_
Association of Bay A	Area Governme	ents		
* Telephone Number:	510-622-8137	7	Fax Number: 510-622-250	01
* Email: jakelly@w	/aterboards.ca.	gov		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
E. Regional organization-local governments	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	
66-456	
CFDA Title:	
Clean Water Act Section 320 National Estuary Program	
* 12. Funding Opportunity Number:	
CWA Section 320	
* Title:	
National Estuary Program	
13. Competition Identification Number:	
Non-competitive	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Nine Bay area counties and three Delta Counties surrounding the San Francisco Bay Estuary	
* 15. Descriptive Title of Applicant's Project:	
San Francisco Estuary Project- Implementation of the Comprehensive Conservation and Management Plan (CCMP)	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application for Federal Assistance SF-424						Version 02	
16. Congression	onal Districts Of:						
* a. Applicant	9			* b. Program/Project	1-3,6-10,12-16		
Attach an additional list of Program/Project Congressional Districts if needed.							
		Add Attachment	No Zin Production	or of the state of			
17. Proposed Project:							
* a. Start Date: 10/01/08 * b. End Date: 09/30/09							
18. Estimated Funding (\$):							
* a. Federal		\$591,750.00			· · · · · · · · · · · · · · · · · · ·		
* b. Applicant		\$15,000.00					
* c. State		\$576,750.00					
* d. Local							
* e. Other							
* f. Program Inc	come						
* g. TOTAL	Femoral and the strategic control of the strat	\$1,183,500.00					
 ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/30/08 ☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ☑ c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 							
Yes No Separation No Separation							
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.							
Authorized Representative:							
Prefix:	Mr.	* First Name:	Henry				
* Last Name:	-						
Suffix:				375	***************************************		
* Title: Executive Director							
* Telephone Number: 510-464-7988 Fax Number: 510-464-7985							
* Email: henryg@abag.ca.gov							
* Signature of Authorized Representative: 1 * Date Signed: 5/25/05							
Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)							

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102